

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HSA-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COREWOOD CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 WISCONSIN AVENUE, NW, SUITE 501 WASHINGTON, DC 20015</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>9900 General Provisions</p> <p>An unannounced licensure survey was conducted virtually 08/03/2021, 08/04/2021, 08/05/2021 and 08/06/2021 to determine compliance with the Home Support Agency Regulations, Title 22B DCMR, Chapter 99.</p> <p>The Home Support Agency provided care for 12 clients and employed 32 personnel, to include professional and administrative staff. A random sample of 10 active client records, and 26 personnel records were selected for review. The findings of the survey were based on client and administrative record review, a review of the agency's response to complaints and incidents received and six client and staff interviews.</p> <p>Listed below are abbreviations used throughout the body of this report:</p> <p>DON - Director of Nursing HHA - Home Health Aide HSA - Home Support Agency</p>	R 000	<p><i>Corewood Care is filing this response for the purpose of confirming compliance with requests of the Department of Health related to the annual audit completed on 08/06/2021. This response is not an admission of liability or a statement of agreement with respect to issue identified within the agency but is submitted to demonstrate regulatory compliance.</i></p> <p><b>Deficiency</b> The agency's client service agreements failed to provide the correct information for the terms of the conditions for discharge and for appeal.</p> <p><b>Corrective action(s) accomplished to address identified deficient practice for Clients #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10</b></p> <p>The Agency removed erroneous language and included specific language in the Client Services Agreement stating that the conditions for discharge and the appeal process are governed by the District of Columbia and that the home support agency complies with all other applicable District of Columbia laws and regulations. The language regarding Maryland laws has been removed. The changes were made to the standard form used for the client services agreement and is now the current standard template and form.</p>	
R 180	<p>9911.1a4 Client Service Agreement</p> <p>(4) Conditions for discharge and appeal; Based on record review and interview, it was determined that the agency's client service agreements failed to provide accuracy in the terms of the conditions for discharge and appeal in ten of ten service agreements reviewed (Clients #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10).</p> <p>Findings included:</p> <p>1. On 08/04/2021 at 10:30 AM and 08/05/2021 at 10:00 AM, a review of Client #1's record showed</p>	R 180		

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Mary O'Donoghue*

TITLE

Director

(X6) DATE

09/27/2021

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HSA-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COREWOOD CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 WISCONSIN AVENUE, NW, SUITE 501 WASHINGTON, DC 20015</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

R 180	<p>Continued From page 1</p> <p>a service agreement that was signed on 03/28/2021 by the client's representative. Continued review of the agreement failed to accurately guide clients regarding the conditions for discharge and appeal. It must be noted that within item number 13 in the service agreement under the title "Governing Law and Jurisdiction and Legal Costs," it states, "disputes arising out of or relating to this Agreement will be resolved by a State Court having jurisdiction in Montgomery County, Maryland." The appeal process is governed by the laws of the District of Columbia.</p> <p>2. On 08/04/2021 at 1:30 PM, a review of Client #2's record showed a service agreement that was signed on 03/13/2019 by the client's representative. Continued review of the agreement failed to accurately guide clients regarding the conditions for discharge and appeal. It must be noted that within item number 15 in the service agreement, under the title "Governing Law and Jurisdiction and Legal Costs," it states, "disputes arising out of or relating to this Agreement will be resolved by a State Court having jurisdiction in Montgomery County, Maryland." The appeal process is governed by the laws of the District of Columbia.</p> <p>3. On 08/04/2021 at 12:00 PM, a review of Client #3's record showed a service agreement that was signed on 05/19/2020 by the client's representative. Continued review of the agreement failed to accurately guide clients regarding the conditions for discharge and appeal. It must be noted that within item number 13 in the service agreement, under the title "Governing Law and Jurisdiction and Legal Costs," it states, "disputes arising out of or relating to this Agreement will be resolved by a State Court having jurisdiction in Montgomery</p>	R 180	<p><b>Systemic Changes</b></p> <p>To ensure the deficient practice does not recur, Corewood Care amended and updated the language in the standard Client Services Agreement used for all clients, including current clients and prospective clients. These edits were made under the title "Governing Law and Jurisdiction and Legal Costs". The new language was amended and is the following: "This Agreement will be governed by the laws of the District of Columbia. Disputes arising out of or relating to this Agreement will be resolved by a court having jurisdiction in the District of Columbia. The conditions for discharge and the appeal process are governed by the District of Columbia. CWC complies with all other applicable federal and District of Columbia laws and regulations". A copy of the updated agreement was provided to the Department.</p> <p>Clients currently receiving services and who signed the original agreement with the erroneous language referencing the laws of Maryland, received a formal addendum, on company letterhead, from the Director. This formal addendum informed the client and/or legal representative that the Client Services Agreement was governed by the laws of the District of Columbia. The conditions for discharge and for appeal are governed by the laws of the District of Columbia. A copy of the updated addendum was provided to the Department.</p>	
-------	---	-------	--	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HSA-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COREWOOD CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 WISCONSIN AVENUE, NW, SUITE 501 WASHINGTON, DC 20015</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

R 180	<p>Continued From page 2</p> <p>County, Maryland." The appeal process is governed by the laws of the District of Columbia.</p> <p>4. On 08/04/2021 at 1:00 PM, a review of Client #4's record showed a service agreement that was signed on 03/17/2020 by the client's representative. Continued review of the agreement failed to accurately guide clients regarding the conditions for discharge and appeal. It must be noted that within item number 15 in the service agreement, under the title "Governing Law and Jurisdiction and Legal Costs," it states, "disputes arising out of or relating to this Agreement will be resolved by a State Court having jurisdiction in Montgomery County, Maryland." The appeal process is governed by the laws of the District of Columbia.</p> <p>5. On 08/05/2021 at 11:00 AM, a review of Client #5's record showed a service agreement that was signed on 03/16/2021 by the client's representative. Continued review of the agreement failed to accurately guide clients regarding the conditions for discharge and appeal. It must be noted that within item number 13 in the service agreement, under the title "Governing Law and Jurisdiction and Legal Costs," it states, "disputes arising out of or relating to this Agreement will be resolved by a State Court having jurisdiction in Montgomery County, Maryland." The appeal process is governed by the laws of the District of Columbia.</p> <p>6. On 08/05/2021 at 11:30 AM, a review of Client #6's record showed a service agreement that was signed on 03/30/2021 by the client's representative. Continued review of the agreement failed to accurately guide clients regarding the conditions for discharge and appeal. It must be noted that within item number</p>	R 180	<p><b>Monitoring Process</b></p> <p>The boilerplate agreement used for the Client Services Agreement for Corewood Care has been updated to reflect the correct language and provisions. The erroneous language was removed from the agreement. All current clients and future clients will receive and abide by the updated Client Services Agreement with the correct language to ensure compliance with the laws of the District of Columbia. Corewood care has amended the client services agreement to ensure that the correct language is reflected and so that the deficient practice does not reoccur.</p> <p><b>Date of Completion</b></p> <p>09/10/2021 and ongoing.</p>	
-------	---	-------	---	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HSA-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COREWOOD CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 WISCONSIN AVENUE, NW, SUITE 501 WASHINGTON, DC 20015</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 180	<p>Continued From page 3</p> <p>13 in the service agreement, under the title "Governing Law and Jurisdiction and Legal Costs, " it states, "disputes arising out of or relating to this Agreement will be resolved by a State Court having jurisdiction in Montgomery County, Maryland." The appeal process is governed by the laws of the District of Columbia.</p> <p>7. On 08/05/2021 at 12:15 PM, a review of Client #7's record showed a service agreement that was signed on 06/07/2021 by the client's representative. Continued review of the agreement failed to accurately guide clients regarding the conditions for discharge and appeal. It must be noted that within item number 13 in the service agreement, under the title "Governing Law and Jurisdiction and Legal Costs, " it states, "disputes arising out of or relating to this Agreement will be resolved by a State Court having jurisdiction in Montgomery County, Maryland." The appeal process is governed by the laws of the District of Columbia.</p> <p>8. On 08/05/2021 at 1:30 PM, a review of Client #8's record showed a service agreement that was signed on 03/06/2018 by the client's representative. Continued review of the agreement failed to accurately guide clients regarding the conditions for discharge and appeal. It must be noted that within the service agreement, under the title "Governing Law," it states, "I understand that this agreement shall be construed, interpreted and governed by the laws of the State of Maryland." The appeal process is governed by the laws of the District of Columbia.</p> <p>9. On 08/05/2021 at 2:40 PM, a review of Client #9's record showed a service agreement that was signed on 06/22/2021 by the client's representative. Continued review of the</p>	R 180		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HSA-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COREWOOD CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 WISCONSIN AVENUE, NW, SUITE 501 WASHINGTON, DC 20015</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 180	<p>Continued From page 4</p> <p>agreement failed to accurately guide clients regarding the conditions for discharge and appeal. It must be noted that within item number 13 in the service agreement, under the title "Governing Law and Jurisdiction and Legal Costs, " it states, "disputes arising out of or relating to this Agreement will be resolved by a State Court having jurisdiction in Montgomery County, Maryland." The appeal process is governed by the laws of the District of Columbia.</p> <p>10. On 08/05/2021 at 3:10 PM, a review of Client #10's record showed a service agreement that was signed on 08/28/2019 by the client's representative. Continued review of the agreement failed to accurately guide clients regarding the conditions for discharge and appeal. It must be noted that within item number 16 in the service agreement, under the title "Governing Law and Jurisdiction and Legal Costs, " it states, "disputes arising out of or relating to this Agreement will be resolved by a State Court having jurisdiction in Montgomery County, Maryland." The appeal process is governed by the laws of the District of Columbia.</p> <p>During an interview with the Director and DON on 08/06/2021 at 12:00 PM, the Director acknowledged the findings.</p>	R 180		
R 190	<p>9911.1f Client Service Agreement</p> <p>(f) Specify the number for the Department of Health's Complaint Hotline; Based on record review and interview, it was determined that the agency's client service agreement failed to specify the contact number for the Department of Health complaint hotline in ten of ten service agreements reviewed (Clients</p>	R 190		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HSA-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COREWOOD CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 WISCONSIN AVENUE, NW, SUITE 501 WASHINGTON, DC 20015</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

R 190	<p>Continued From page 5</p> <p>#1, #2, #3, #4, #5, #6, #7, #8, #9, and #10).</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>On 08/04/2021 at 10:30 AM and 08/05/2021 at 10:00 AM, a review of Client #1's record showed a service agreement that was signed on 03/28/2021 by the client's representative. Continued review of the agreement failed to show the number for the Department of Health complaint hotline. Additionally, it must be noted that within number 13 in the service agreement it states, "this agreement shall be construed, interpreted and governed by the laws of the State of Maryland." The complaint hotline is established and governed by the laws of the District of Columbia.</li> <li>On 08/04/2021 at 1:30 PM, a review of Client #2's record showed a service agreement that was signed on 03/13/2019 by the client's representative. Continued review of the agreement failed to show the number for the Department of Health complaint hotline. Additionally, it must be noted that within number 15 in the service agreement it states, "this agreement shall be construed, interpreted and governed by the laws of the State of Maryland." The complaint hotline is established and governed by the laws of the District of Columbia.</li> <li>On 08/04/2021 at 12:00 PM, a review of Client #3's record showed a service agreement that was signed on 05/19/2020 by the client's representative. Continued review of the agreement failed to show the number for the Department of Health complaint hotline. Additionally, it must be noted that within number 13 in the service agreement it states, "this agreement shall be construed, interpreted and</li> </ol>	R 190	<p><b>Deficiency</b></p> <p>Agency's client services agreement did not provide the Department of Health's complaint hotline number.</p> <p><b>Corrective action(s) accomplished to address identified deficient practice for Clients #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10.</b></p> <p>The Agency shall include, on the first page of the client services agreement, the Department of Health's Complaint Hotline Number. The client services agreement has been updated to reflect this change and is now the standard template used.</p> <p><b>Systemic Changes</b></p> <p>To ensure the deficient practice does not recur, Corewood Care has amended and added the Department of Health's Complaint Hotline number on the first page of the Client Services Agreement. The new language is the following: "Client acknowledges that Client has received, read, and understood Client Bill of Rights here attached as Exhibit D, including the telephone number of the Department of Health's complaint hotline. <b><u>The Department of Health's complaint hotline number is (202) 442-4779</u></b>". A copy of the updated agreement was provided to the Department.</p>	
-------	---	-------	---	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HSA-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COREWOOD CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 WISCONSIN AVENUE, NW, SUITE 501 WASHINGTON, DC 20015</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 190	<p>Continued From page 6</p> <p>governed by the laws of the State of Maryland." The complaint hotline is established and governed by the laws of the District of Columbia.</p> <p>4. On 08/04/2021 at 1:00 PM, a review of Client #4's record showed a service agreement that was signed on 03/17/2020 by the client's representative. Continued review of the agreement failed to show the number for the Department of Health complaint hotline. Additionally, it must be noted that within number 15 in the service agreement it states, "this agreement shall be construed, interpreted and governed by the laws of the State of Maryland." The complaint hotline is established and governed by the laws of the District of Columbia.</p> <p>5. On 08/05/2021 at 11:00 AM, a review of Client #5's record showed a service agreement that was signed on 03/16/2021 by the client's representative. Continued review of the agreement failed to show the number for the Department of Health complaint hotline. Additionally, it must be noted that within number 13 in the service agreement it states, "this agreement shall be construed, interpreted and governed by the laws of the State of Maryland." The complaint hotline is established and governed by the laws of the District of Columbia.</p> <p>6. On 08/05/2021 at 11:30 AM, a review of Client #6's record showed a service agreement that was signed on 03/30/2021 by the client's representative. Continued review of the agreement failed to show the number for the Department of Health complaint hotline. Additionally, it must be noted that within number 13 in the service agreement it states, "this agreement shall be construed, interpreted and governed by the laws of the State of Maryland."</p>	R 190	<p>Current clients receiving services and who signed the previous agreement, received a formal addendum, on company letterhead from the Director. This formal addendum informed the client and/or legal representative that the Client Services Agreement was governed by the laws of the District of Columbia. The conditions for discharge and for appeal are governed by the laws of the District of Columbia. This addendum was sent via tracked email with an acknowledgement of receipt. A copy of the updated addendum was provided to the Department.</p> <p><b>Monitoring Process</b></p> <p>The boilerplate form used for the Client Services Agreement for Corewood Care has been updated to reflect the correct complaint hotline number. All current clients and new clients have the correct Department of Health complaint hotline number compliance with the laws of the District of Columbia. Corewood care has amended the client services agreement to ensure that the correct information is provided and so that the deficient practice does not reoccur.</p> <p><b>Date of Completion</b></p> <p>09/10/2021 and ongoing.</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HSA-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COREWOOD CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 WISCONSIN AVENUE, NW, SUITE 501 WASHINGTON, DC 20015</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 190	<p>Continued From page 7</p> <p>The complaint hotline is established and governed by the laws of the District of Columbia.</p> <p>7. On 08/05/2021 at 12:15 PM, a review of Client #7's record showed a service agreement that was signed on 06/07/2021 by the client's representative. Continued review of the agreement failed to show the number for the Department of Health complaint hotline. Additionally, it must be noted that within number 13 in the service agreement it states, "this agreement shall be construed, interpreted and governed by the laws of the State of Maryland." The complaint hotline is established and governed by the laws of the District of Columbia.</p> <p>8. On 08/05/2021 at 1:30 PM, a review of Client #8's record showed a service agreement that was signed on 03/06/2018 by the client's representative. Continued review of the agreement failed to show the number for the Department of Health complaint hotline. Additionally, it must be noted that within the service agreement it states, "this agreement shall be construed, interpreted and governed by the laws of the State of Maryland." The complaint hotline is established and governed by the laws of the District of Columbia.</p> <p>9. On 08/05/2021 at 2:40 PM, a review of Client #9's record showed a service agreement that was signed on 06/22/2021 by the client's representative. Continued review of the agreement failed to show the number for the Department of Health complaint hotline. Additionally, it must be noted that within number 13 in the service agreement it states, "this agreement shall be construed, interpreted and governed by the laws of the State of Maryland." The complaint hotline is established and</p>	R 190		



Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HSA-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COREWOOD CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 WISCONSIN AVENUE, NW, SUITE 501 WASHINGTON, DC 20015</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 190	<p>Continued From page 8</p> <p>governed by the laws of the District of Columbia.</p> <p>10. On 08/05/2021 at 3:10 PM, a review of Client #10's record showed a service agreement that was signed on 08/28/2019 by the client's representative. Continued review of the agreement failed to show the number for the Department of Health complaint hotline. Additionally, it must be noted that within number 16 in the service agreement it states, "this agreement shall be construed, interpreted and governed by the laws of the State of Maryland." The complaint hotline is established and governed by the laws of the District of Columbia.</p> <p>During an interview with the Director and DON on 08/06/2021 at 12:00 PM, the Director acknowledged the findings.</p>	R 190		
R 208	<p>9913.3c Client Service Plan</p> <p>(c) Functional limitations of the client; Based on record review and staff interview, the home support agency failed to include relevant data regarding the client's 'functional limitations in "Assessment and Care Plans" for three of ten active client records reviewed (Clients #2, #4 and #8).</p> <p>Findings included:</p> <p>1. On 08/04/2021 at 1:30 PM, a review of Client #2's record showed a document titled "Assessment and Care Plan" that was completed by the registered nurse. Within the document, the registered nurse documented that the client was a high fall risk and required assistance with activities of daily living and instrumental activities of daily living. Further review of the document</p>	R 208	<p><b>Deficiency</b></p> <p>Information regarding the client's functional limitations was not completed or included in 3 out of the 10 active client records.</p> <p><b>Corrective action(s) accomplished to address identified deficient practice for Clients #2, #4 and #8.</b></p> <p>The system used to document the client's assessment performed by the Registered Nurse was updated to ensure that functional limitations must be completed to finalize the assessment. The clients profiles were corrected and updated to ensure they were complete and included this information.</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HSA-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COREWOOD CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 WISCONSIN AVENUE, NW, SUITE 501 WASHINGTON, DC 20015</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

R 208	<p>Continued From page 9</p> <p>showed a section titled "Functional Limitations" that was left blank. It should be noted that the client was receiving home health aide services six hours a day, seven days a week from 07/05/2021 through 08/03/2021. Additionally, the Home Support Agency (HSA) failed to direct the Home Health Aide (HHA) in ensuring client safety by failing to identify the client's functional limitations.</p> <p>2. On 08/04/2021 at 1:00 PM, a review of Client #4's record showed a document titled "Plan of Care" that was completed by the registered nurse on 05/21/2021. Within the document, the registered nurse documented that the client was a fall risk and required stand-by assistance with activities of daily living and instrumental activities of daily living. It should be noted that the client was receiving home health aide services 12 hours a day, seven days a week from 07/01/2021 through 08/03/2021. Additionally, the agency failed to direct the aide in ensuring the client's safety by failing to identify the client's functional limitations.</p> <p>3. On 08/05/2021 at 1:30 PM, a review of Client #8's record showed a document titled "Assessment and Care Plan" that was completed by the registered nurse. Within the document, the registered nurse documented that the client was a high fall risk and required assistance with activities of daily living and instrumental activities of daily living. Further review of the document showed a section titled "Functional Limitations" that was left blank. It should be noted that the client was receiving HHA service 24 hours a day, seven days a week from 06/01/2021 through 07/31/2021. Additionally, the Home Support Agency (HSA) failed to direct the Home Health Aide (HHA) in ensuring client safety by failing to identify the client's functional limitations.</p>	R 208	<p><b>Systemic Changes</b></p> <p>To ensure the deficient practice does not recur, the agency's electronic records system was adjusted to ensure that functional limitations would always be included and completed in the client's assessment and reassessments. The settings in the system were changed so that all client profiles always have "functional limitations" as a section to be completed and so the assessment cannot be completed or saved without completing this information. This default setting will ensure that the client's functional limitations in regard to their abilities, particularly their physical limitations, cognitive limitations, and any behavioral limitations are assessed and completed. By changing this setting, an alert was generated so that any clients who did not have this section completed by the Registered Nurse would need to be addressed. A review was performed of all current client Assessments and Care plans. Information regarding the clients' functional limitations was added to the profiles if this section was not completed. These functional limitations were reviewed with the HHAs assisting these clients and they had additional information in their care tasks and care plans. A copy of the updated assessment form was provided to the Department.</p>	
-------	---	-------	--	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HSA-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COREWOOD CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 WISCONSIN AVENUE, NW, SUITE 501 WASHINGTON, DC 20015</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 208	Continued From page 10	R 208	<b>Monitoring Process</b>  The adjustments made to the electronic platform ensure that functional limitations are always present for each and every client profile and that the profile cannot be completed or finalized without completing these fields.	
R 209	<p>9913.3d Client Service Plan</p> <p>(d) Activities permitted; and Based on record review and staff interview, the Home Support Agency (HSA) failed to include "activities permitted" in the client service plan for three of ten active client records reviewed (Clients #1, #3, and #5).</p> <p>Findings included:</p> <p>1. On 08/04/2021 at 10:30 AM and 08/05/2021 at 10:00 AM, a review of Client #1's record showed a document titled "Assessment and Care Plan" that was completed by the registered nurse. Within the document, the registered nurse documented that the client was a high fall risk and required assistance with activities of daily living and instrumental activities of daily living. Further review of the client's record showed that the client was receiving HHA service 24 hours a day, seven days a week from 07/01/2021 through 07/31/2021. Continued review of the care plan revealed that the registered nurse failed to identify client-centered activities permitted, to direct the aide in assisting the client to achieve their highest practicable quality of life.</p> <p>2. On 08/04/2021 at 12:00 PM, a review of Client #3's record showed a document titled "Assessment and Care Plan" that was completed by the registered nurse. Within the document, the registered nurse documented that the client was a high fall risk and required assistance with</p>	R 209	<p><b>Date of Completion</b> 09/10/2021 and ongoing</p> <p><b>Deficiency</b>  Information regarding a client's permitted activities was not completed or included in 3 out of the 10 active client records reviewed.</p> <p><b>Corrective action(s) accomplished to address identified deficient practice for Clients #2, #4 and #8.</b>  The system used to document the client's assessment performed by the Registered Nurse was updated to ensure that activities permitted is a field that is present and that it must be completed to finalize the assessment. The client's clinical profiles were corrected and updated to ensure they were complete and included this information.</p> <p><b>Systemic Changes</b>  To ensure the deficient practice does not recur,</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HSA-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COREWOOD CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 WISCONSIN AVENUE, NW, SUITE 501 WASHINGTON, DC 20015</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

R 209	<p>Continued From page 11</p> <p>activities of daily living and instrumental activities of daily living. Further review of the client's record showed that the client was receiving HHA service eight hours a day, seven days a week from 07/01/2021 through 07/31/2021. Continued review of the care plan revealed that the registered nurse failed to identify client-centered activities permitted, to direct the aide in assisting the client to achieve their highest practicable quality of life.</p> <p>3. On 08/05/2021 at 11:00 AM, a review of Client #5's record showed a document titled "Assessment and Care Plan" that was completed by the registered nurse. Within the document, the registered nurse documented that the client was a high fall risk and required assistance with activities of daily living and instrumental activities of daily living. Further review of the client's record showed that the client was receiving HHA service four hours a day, two days a week from 06/14/2021 through 08/03/2021. Continued review of the care plan showed a section titled "activities permitted" that was left blank. The registered nurse failed to identify client-centered activities permitted, to direct the aide in assisting the client to achieve their highest practicable quality of life.</p> <p>During an interview with the Director and DON on 08/06/2021 at 12:00 PM, the Director acknowledged the findings.</p>	R 209	<p><b>Systemic Changes Continued</b></p> <p>The registered nurse should document in the Assessment and include in the Plan of Care, the client's activities permitted in regard to their physical, cognitive, and behavioral abilities. At every shift, the HHA is expected to perform a series of tasks and care. Additional specific information regarding the client's activities permitted is included in the assessment. A review was performed of all current client Assessments and Care plans. Information regarding the clients' activities permitted was added. This was also reviewed with the HHAs assisting these clients.</p> <p><b>Monitoring Process</b></p> <p>Routine reviews of Assessments and Care Plans is conducted upon every supervisory visit or update in Care Plan to ensure completeness.</p> <p><b>Date of Completion</b></p> <p>09/10/2021 and ongoing.</p>	
R 254	<p>9916.2c5 Client Rights and Responsibilities</p> <p>(5) The telephone number of the Complaint Hotline maintained by the Department; Based on record review and interview, it was determined that the home support agency failed</p>	R 254		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HSA-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COREWOOD CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 WISCONSIN AVENUE, NW, SUITE 501 WASHINGTON, DC 20015</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 254	<p>Continued From page 12</p> <p>to accurately instruct clients on the telephone number of the complaint hotline maintained by the Department in three of ten active records reviewed (Clients #3, #4, and #5).</p> <p>Findings included:</p> <p>1. On 08/04/2021 at 12:00 PM, a review of Client #3's record showed a document titled "Client Bill of Rights'. Within the second paragraph of this document, it states "if the client is an adult, to receive written information describing procedures for making a complaint to the Adult Protective Services Program at (202)-541-3950".</p> <p>The agency failed to accurately inform the client that the complaint hotline maintained by the Department is 202-442-4779.</p> <p>2. On 08/04/2021 at 1:00 PM, a review of Client #4's record showed a document titled "Client Bill of Rights'. Within the second paragraph of this document, it states "if the client is an adult, to receive written information describing procedures for making a complaint to the Adult Protective Services Program at (202)-541-3950".</p> <p>The agency failed to accurately inform the client that the complaint hotline maintained by the Department is 202-442-4779.</p> <p>3. On 08/05/2021 at 11:00 AM, a review of Client #5's record showed a document titled "Client Bill of Rights'. Within the second paragraph of this document, it states "if the client is an adult, to receive written information describing procedures for making a complaint to the Adult Protective Services Program at (202)-541-3950".</p> <p>The agency failed to accurately inform the client</p>	R 254	<p><b>Deficiency</b></p> <p>The agency failed to accurately instruct clients on the telephone number of the complaint hotline maintained by the Department.</p> <p><b>Corrective action(s) accomplished to address identified deficient practice for Clients #3, #4 and #5.</b></p> <p>The Agency shall include, on the first page of the client bill of rights form, the Department of Health's Complaint Hotline Number. The client bill of rights form has been updated to reflect this change and is now the standard template used.</p> <p><b>Systemic Changes</b></p> <p>To ensure the deficient practice does not recur, Corewood Care has amended and added the Department of Health's Complaint Hotline number on the first page of the Client Bill of Rights form. The Client Services Agreement provides the complaint hotline on the first page of the agreement and also refers to the Client Bill of Rights form which is found in Appendix D, attached to the client services agreement. The Department of Health's complaint hotline number is added in bold and underlined and also found on the front page of the Client Bill of Rights form. A copy of the updated agreement was provided to the Department.</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HSA-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COREWOOD CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 WISCONSIN AVENUE, NW, SUITE 501 WASHINGTON, DC 20015</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 254	<p>Continued From page 13</p> <p>that the complaint hotline maintained by the Department is 202-442-4779.</p> <p>During an interview with the Director and DON on 08/06/2021 at 12:00 PM, the Director acknowledged the findings.</p>	R 254	<p><b>Monitoring Process</b></p> <p>The boilerplate form used for the Client Bill of Rights form for Corewood Care has been updated to reflect the correct complaint hotline number and this is noted on the first page in bold and underlined so it is visible. All current clients and new clients have the correct Department of Health complaint hotline number compliant with the laws of the District of Columbia. Corewood care has amended the Client Bill of Rights form to ensure that the correct information is provided and so that the deficient practice does not reoccur.</p> <p><b>Date of Completion</b></p> <p>09/10/2021 and ongoing</p>	